## 118000118829

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

N COOPER JUN 01 2018

## **COVER LETTER**

TO: Registration Sec Division of Corp			
TITILLC			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	amendment and fec(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	MARIA I VERRATTI BU	CCELLA	
	2/ S	Name of Person	
	1651, HARBOUR SIDE D	Firm/Company RIVE	
		Address	
	1651 HARBOUR SIDE D	RIVE WESTON., FL 33326	
		City/State and Zip Code	
	isaverratti@hotmail.com E-mail address: (	to be used for future annual report notifi	ication)
For further information co	ncerning this matter, please c		
MARIA I VERRATTI B		786 556 4587	
Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy yadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITI LLC (Name of the Limit	ed Liability Compa	ny as it now appears on o	ur records.)	_
\ <u>\</u>	(A Florida Limited)	ny as it now appears on o Jability Company)	······································	
The Articles of Organization for this Limited L	iability Company	were filed on $\frac{05/11/20}{}$	18 an	d assigned
lorida document number L18000118829	·			
his amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	the limited liab	ility company here:		
N/A				
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designa	ion "LLC" or the abbreviati	m "L. <b>L</b> "."
Enter new principal offices address, if applic	able:		•	18 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
(Principal office address MUST BE A STREET ADDRESS)		N/A		<b>X 2 2 3 3 3 3 3 3 3 3 3 3</b>
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		>+/ A		FORV
		N/A		
				<u> </u>
		<del> </del>		
3. If amending the registered agent and/ egistered agent and/or the new registered of			records, enter the na	ime of the
Name of New Registered Agent:	N/A			
New Registered Office Address:	1651 HARBOU	JR SIDE DRIVE		
The strange of contract times.		Enter Florida str	vet address	
	WESTON		Florida _ <sup>33326</sup>	
		Cuv	Zip (	ode

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	VITO SANTORSOLA	1651 HARBOUR SIDE DRIVE	<b>_</b> Add
		WESTON,, FL 33326	☐ Remove
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Page 3 of 3

Filing Fee: \$25.00